

Task Force Meeting Minutes

Agenda

- Task Force Meeting Attendance.
 - Trip Hoffman (University Pharmacy), Chris Cox (Smith Rexall Drug), Rob Muelleck (Intermountain Healthcare), Kyle Kitchen (Intermountain), Jim Ruble (UofU), Karin Carestia (Alpine Apothecary), Christine Jacobsen (Wasatch Family Care), Kyle Anderson (MedQuest), Mary Rogers (Bountiful Drug), Jacob Corsi, Jen Zaelit (DOPL), Jongmun Kim (Roseman Intern), Chelsea Morgan, Brynne Hinchman, Kathrine Winter (U of U Pharmacy Students)
 - Phone Attendance - Koby Taylor (Fusion),
- Next UHP meeting dates:
 - 9/12/2017 at 7:00AM at U of U College of Pharmacy Skaggs building Room 204.
 - Meeting to include AJ Day, Texas Board Member, to update and explain why Texas is not adopting USP 800. Hopefully he will update the task force on recent findings on C-PEC and PPE trial.
 - The agenda for this meeting will be to decide what recommendation the task force will present to Utah Board of Pharmacy regarding USP 800.
 - 10/10/2017 at 7:00AM at U of U College of Pharmacy Skaggs building Room 204.
 - Jim Ruble along with UofU students segmented, analyzed, and presented chapters 11-18 of USP. Data was organized in a chart that assigned weighted scores to safety priority, economic impact, and overall priority.
 - **Chapter 11 – Labeling, Packaging, Transport, and Disposal**
 - Labeling – There should be a concentrated and clear effort of training employees about the labeling, packaging, transport, and disposal. Everyone employee should know the internal processes of how to handle of HD.
 - Packaging – Just use the product insert to determine methods for packaging.
 - Transport – Use straightforward approach according to SDS.

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- Disposal – Use straightforward approach with this method. Incinerating hazardous PPE will be a costly method because the closest incinerator will be in Vegas; (Davis county will be closing their incinerator.)
- **Chapter 12 – Dispensing Final Dosage Forms**
 - Straightforward approach; be sure to clean after each use for anti-neoplastic drugs.
- **Chapter 13 – Compounding**
 - This chapter seems to be like current operating procedures. Main point of concern was the plastic-backed preparation mat which seem costly. These mats should be used and changed immediately if a spill occurs, regularly during use, and discarded daily.
- **Chapter 14 – Administering**
 - Fairly straightforward approach to this chapter.
- **Chapter 15 – Deactivating, Decontaminating, Cleaning, and Disinfecting**
 - There is a variety of methods to comply with this method. This is a very straightforward approach topic; these practices are currently in use.
 - **Note: Using the same product for deactivating, for example, peroxides or sodium hypochlorite or PREempt or Oxivir, you can use it once to deactivate and twice to decontaminate.*
- **Chapter 16 – Spill Control**
 - All agree that this chapter is required. Every facility needs spill kits, people properly trained in spill kits, need signs to restrict access in the event of a spill.
- **Chapter 17 – Documentation and Standard Operating Procedures**
 - Having an ongoing training protocol for this may take some time and resources, especially if we are to have a designated person. Content itself is straightforward.
- **Chapter 18 – Medical Surveillance**
 - This chapter is a “should” chapter, but a surveillance program should be considered for higher hazard categories with the overall message is to protect the employees/institution.

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- Some places have been doing urine tests for employees. Others do a health questionnaire to check for any symptoms before doing complete blood tests and examinations. One pharmacy does a blood spot test with ZRT annually. Women of child-bearing age using birth controls should be documented and monitored to the best of ability.
 - There is ambiguity on this topic because there is not a one test that screens for everything and the resulting data would difficult to interpret. There would be liability issue with test results between employer and employee.
- Meeting Adjourned